



**Louisiana Department of Health  
Informational Bulletin 12-3  
Revised Feb. 1, 2015**

**Member ID Cards**

***Aetna Better Health Louisiana***

**AETNA BETTER HEALTH®** **aetna**

**Bayou Health**  
**Member ID#** 000000000-00 **Date of Birth** 00/00/0000  
**Member Name** Last Name, First Name **Sex** X  
**PCP** Last Name, First Name  
**PCP Phone/24 Hours** 000-000-0000 **Effective Date** 00/00/0000

RxBIN: 610591 RxPCN: ADV RxGRP: RX8834  
Pharmacist Use Only: 1-855-364-2977

[www.aetnabetterhealth.com/louisiana](http://www.aetnabetterhealth.com/louisiana)

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

**Aetna Better Health of Louisiana** 2400 Veterans Memorial Blvd., Suite 200  
Kenner, LA 70062

**Members**  
Member Services & Filing Grievance 24/7 **1-855-242-0802**, TTY 711  
Fraud & Abuse Hotline **1-855-725-0288** Report Medicaid Fraud **1-800-488-2917**  
24 Hour Nurse Line **1-855-242-0802** Pharmacy **1-855-242-0802**  
Vision Services **1-800-879-6901**

**Emergency care:** If you are having an emergency, call **911** or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

**Providers**  
Provider Services and Prior Authorization **1-855-242-0802**

**Send medical claims to**  
Aetna Better Health  
P.O. Box 61808  
Phoenix, AZ 85082-1808

**Electronic claims**  
Payer ID 128LA

***Amerigroup***

 **Amerigroup**  
in healthcare

Effective Date:  
Date of Birth:  
Subscriber #:

**Amerigroup Louisiana, 3850 N. Causeway Blvd., Metairie, LA 70002**  
[www.myamerigroup.com/LA](http://www.myamerigroup.com/LA)

**Member Name:**  
**Medicaid or LaCHIP Number:**  
**Primary Care Provider (PCP):**  
**PCP Telephone #:**  
**PCP After Hours #:**  
**PCP Address:**  
**Vision: 1-800-787-3157**  
**Member Services and Behavioral Health: 1-800-600-4441**  
**Amerigroup On Call/Nurse HelpLine: 1-866-864-2544**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions or wish to file an appeal or grievance, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-855-2880.

**MIEMBROS:** Lleve consigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene preguntas o desea presentar una apelación o queja, llame a Servicios al Miembro al 1-800-600-4441. Llame al 1-800-855-2884 si es una si es una persona sorda o tiene problemas de la audición.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730.

**PHARMACIES:** Submit claims using Express Scripts RxBIN: 003858; RXPCN: MA; RXGRP: WKLA. For technical help, call Express Scripts at 1-844-367-6111.

**SUBMIT MEDICAL CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**  
Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917

401 2/15

## AmeriHealth Caritas



**DOE, JOHN**  
PLAN ID 12345678  
STATE ID 1234567890123

SEX M DOB 01/01/01  
EFFECTIVE 00/00/0000

RxBIN: 600428  
RxPCN: 06030000

**PRIMARY DOCTOR**  
Dr. John Smith  
(ABC Family Practice)  
123 Main Street  
Anytown, Louisiana 12345

**PHONE** 999-999-9999

**PLAN CODE** 355/855



P.O. Box 83580  
Baton Rouge, LA 70884  
[www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com)

**Always carry your AmeriHealth Caritas Louisiana card.** You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana Primary Care Physician (PCP) for medical care.

**Emergency Room:** Go to an Emergency Room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.

**Out-of-Area Care:** Report out-of-area care to AmeriHealth Caritas Louisiana and your PCP within 48 hours.

**Mental Health, Drug & Alcohol Services:**  
Call the toll free number for your parish. If you don't know the number, call Member Services at **1-888-756-0004**.

**Member Services & Filing Grievances**  
1-888-756-0004 | TTY 1-866-428-7588

**Provider Services & Prior Authorization**  
1-888-822-0007

**Report Medicaid Fraud**  
1-800-488-2917

**To Speak with a Nurse Anytime**  
1-888-632-0009

**Pharmacy Member Services**  
1-866-452-1040 | TTY 1-855-294-7047

**Pharmacy Provider Services**  
1-800-684-5502

**AmeriHealth Caritas Louisiana Claims Processing**  
P.O. Box 7322, London, Kentucky 40742

## Louisiana Healthcare Connections

Rx: US Script  
BIN: 008019

Name: JOHN SMITH  
Medicaid ID #: 1234567891011 DOB: 01/01/2012

PCP Name: JANE DOE  
PCP Address: 1234 Main St.  
City, LA 71234

PCP Phone #: (555) 555-1234 After Hours #: (555) 555-5678

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514). NurseWise is open 24 hours a day.



### IMPORTANT TELEPHONE NUMBERS

#### Members:

Member Services: **1-866-595-8133**  
TDD/TTY: 1-877-285-4514  
24/7 NurseWise: 1-866-595-8133  
Vision: 1-866-595-8133  
File a Grievance: 1-866-595-8133  
Report Medicaid Fraud: 1-800-488-2917

#### Providers:

Provider Services: **1-866-595-8133**  
IVR Eligibility Inquiry/Prior Authorization: 1-866-595-8133  
US Script: 1-877-690-9330  
Report Medicaid Fraud: 1-800-488-2917

Provider/claims information via the web: [www.LouisianaHealthConnect.com](http://www.LouisianaHealthConnect.com).

### IMPORTANT ADDRESSES

#### Medical claims:

Louisiana Healthcare Connections  
Attn: CLAIMS  
PO Box 4040  
Farmington, MO 63640-3826

#### Address:

Louisiana Healthcare Connections  
8585 Archives Avenue  
Suite 310  
Baton Rouge, LA 70809

## UnitedHealthcare Community Plan

**UnitedHealthcare** | Community Plan  
Health Plan (80840) 911-87726-04

Member ID: 999999999

Member:  
SUBSCRIBER BROWN

PCP Name:  
PROVIDER BROWN  
PCP Phone/24 hours: (999)999-9999  
PCP Clinic Name  
1234 Address Street  
Anywhere, LA 12345

DOB:  
02/08/2012

Payer ID: 87726

**OPTUMRx**  
Rx Bin: 610494  
Rx Grp: ACULA  
Rx PCN: 9999

0501 Administered by UnitedHealthcare Community Plan, Inc

In an emergency go to nearest emergency room or call 911. Printed: XX/XX/XX



This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider visit the website [www.MyUHC.com/CommunityPlan](http://www.MyUHC.com/CommunityPlan).

For Members: 1-866-675-1607 TTY 711  
NurseLine: 1-877-440-9409 TTY 711  
Report Fraud: 1-800-488-2917 TTY 711

For Providers [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) 1-866-675-1607  
Medical Claims: PO Box 31341, Salt Lake City, UT 84131-0341

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903  
For Pharmacist: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826

## Molina-Issued Medicaid Card


**HEALTH NETWORK for LOUISIANA**

**DEPARTMENT OF HEALTH AND HOSPITALS**  
Medicaid

CCN: 7770001051857702

Issue Date 01-01-2011 BIN 123456

JANE J DOE



Oberthur C.S. 04 12621 4/11

This card is for identification purposes. It is not proof of current eligibility.

**EMERGENCIES** - For emergencies, go to the nearest health care facility or hospital emergency room. Please notify your Primary Care Physician (PCP) of emergency care as soon as possible.

For questions about this Medicaid card or the Medicaid program, call 1-800-834-3333 for help.

**PROVIDERS** - To verify eligibility, swipe the card or call the Recipient Eligibility Verification System (REVS) at 1-800-776-6323.

To report possible Medicaid fraud or abuse call 1-800-488-2917.

## Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Bayou Health Plan:

Search Type	Recipient ID and DOB	Recipient ID	777777777777	Date of Birth	12/12/2011	Plan Date	01/16/2015
Subscriber Information			Provider Information				
Name	LOUANNA , LOUIS		Provider	DHH EXEC MGMT/MOLINA PBMSTAF			
Subscriber ID	777777777777		NPI	7777777773			
Date of Birth	12/12/2011		Submitter ID	2252166370			
Sex	Male						
Address	11223 MAPLE STREET CLEAR LAKE LA 76666-0000						

**For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.**

### Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. <b>Plan Begin Date</b> 01/01/2015
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN <b>Benefit Begin</b> 04/01/2012 PHARMACY PBM IS USSCRIPT <b>Managed Care Organization</b> LOUISIANA HEALTHCARE CONNECTI <b>Telephone</b> (866) 595-8133
Active Coverage	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER <b>Payer</b> MCNA INSURANCE COMPANY <b>Telephone</b> (855) 701-6262 <b>URL</b> https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Dental Care, Hospital - Inpatient, Hospital - Outpatient, Pharmacy
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient

**Please Note: Individual coverage level applies to all benefits.**

**Request Reference Number** 120999620150116033333 **Response Reference Number** 201501160088822

Transaction run on 01/16/2015 at 03:08:24 CT by LAMedicaid - Louisiana Medicaid

Screenshot for an individual enrolled in Legacy Medicaid: